うるん はして海峡がはんし ししんかうドドド	REQUEST FOR S.N.	
700 INTERNAL TRANSFER		
ATE: 12/20/01	FROM: Shute	(prirt name)
	REASON(S):	
ORWARD TO:	A. You had Parent	(check box)
Art Unit: 2131	B. See Title	(check box)
. Class: 713	C. See Abstract	(check box)
Subclass: 201	D. See Claim(s):	
LIPTHER EXPLANATION IF NE	EDED:	
network se	3curity	
ATE:	FROM:	(print name)
	REASON(S):	
ORWARD TO:	A. You had Parent	(check box)
A. Art Unit:	B. See Title	(check box)
3. Class:	C. See Abstract	(check box)
	D. See Claim(s):	
C Subclass:		
FURTHER EXPLANATION IF NE	EEDED:	
	FROM:	(print name)
FURTHER EXPLANATION IF NE	FROM:	(print name)
DATE:		(print name)
DATE:	FROM: REASON(S):	
DATE:	FROM: REASON(S): A. You had Parent	(check box)
DATE:	FROM: REASON(S): A. You had Parent B. See Title	_ (check box)
DATE: FORWARD TO CLASSIFIER	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):	_ (check box)
DATE:	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):	_ (check box)
DATE: FORWARD TO CLASSIFIER	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):	_ (check box)
DATE: FORWARD TO CLASSIFIER FURTHER EXPLANATION IF N	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):	_ (check box)
DATE: FORWARD TO CLASSIFIER	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):	(check box)
DATE: FORWARD TO CLASSIFIER FURTHER EXPLANATION IF N	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):	_ (check box)
DATE: FORWARD TO CLASSIFIER FURTHER EXPLANATION IF N	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): IEEDED:	_ (check box)
DATE: FORWARD TO CLASSIFIER FURTHER EXPLANATION IF N DISPOSITION BY 2700 CI DATE:	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): IEEDED: LASSIFICATION CLASSIFIER:	_ (check box)
DATE: FORWARD TO CLASSIFIER FURTHER EXPLANATION IF N	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): IEEDED: LASSIFICATION CLASSIFIER: REASON(S):	(check box) (check box)
DATE: FORWARD TO CLASSIFIER FURTHER EXPLANATION IF N DISPOSITION BY 2700 CI DATE: FORWARD TO:	FROM: REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): IEEDED: LASSIFICATION CLASSIFIER: REASON(S): A. You had Parent	(check box) (check box) (check box)

FURTHER EXPLANATION IF NEEDED: